

(1) Person Filing: _____

Street Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self _____

IN THE SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

(2) In the Matter of the Guardianship and/or Case Number: GC _____
Conservatorship of:
Ward 1: _____ **PETITION FOR:**
Ward 2: _____ (3) ☐ **GUARDIANSHIP ONLY**
Ward 3: _____ ☐ **CONSERVATORSHIP ONLY**
A Minor ☐ **GUARDIANSHIP AND CONSERVATORSHIP**

THE MINOR:

(4) **Ward 1:** Street Address: _____ City, State, Zip: _____
Phone: _____ SSN: _____ Birthdate: _____
Mother's Name: _____ Year Minor Will Turn 18: _____
Father's Name: _____ Birth Certificate Attached: ☐ Yes ☐ No
Ward 2: Street Address: _____ City, State, Zip: _____
Phone: _____ SSN: _____ Birthdate: _____
Mother's Name: _____ Year Minor Will Turn 18: _____
Father's Name: _____ Birth Certificate Attached: ☐ Yes ☐ No
Ward 3: Street Address: _____ City, State, Zip: _____
Phone: _____ SSN: _____ Birthdate: _____
Mother's Name: _____ Year Minor Will Turn 18: _____
Father's Name: _____ Birth Certificate Attached: ☐ Yes ☐ No

(5) Why birth certificates are not attached and how long it will take to get them: _____

Venue: The minor is unmarried and lives in Coconino County.

THE PROPOSED GUARDIAN AND/OR CONSERVATOR:

(6) **Guardian and/or Conservator 1:** Name: _____
Phone: _____ SSN: _____
Street Address: _____ City, State, Zip: _____
Relationship to Minor 1: _____ Related by Blood: ☐ Yes ☐ No
Relationship to Minor 2: _____ Related by Blood: ☐ Yes ☐ No
Relationship to Minor 3: _____ Related by Blood: ☐ Yes ☐ No
Guardian and/or Consevator 2: Name: _____
Phone: _____ SSN: _____
Street Address: _____ City, State, Zip: _____
Relationship to Minor 1: _____ Related by Blood: ☐ Yes ☐ No
Relationship to Minor 2: _____ Related by Blood: ☐ Yes ☐ No
Relationship to Minor 3: _____ Related by Blood: ☐ Yes ☐ No

GUARDIANSHIP AND/OR CONSERVATORSHIP:

The minor currently does not have a guardian or conservator, and no other proceeding is pending. If the proposed guardian is not the minor's blood relative, a full set of fingerprints is attached. An Affidavit of each Person to Be Appointed Guardian and/or Conservator is filed with this Petition.

(7) Guardianship would serve the minor's welfare and best interest because:**(8) A conservator should be appointed because:**

- ☐ The minor owns money or property that requires management or protection that cannot otherwise be provided.
- ☐ The minor has financial dealings that may be jeopardized or prevented by the minor's minority.
- ☐ It is necessary or desirable to obtain or provide funds needed for the minor's support and education.

(9) Guardian and/or Conservator 1 should be appointed because he/she:

- ☐ a. Was nominated by Ward ☐ 1 ☐ 2 ☐ 3, who is over 13 and has signed this Petition.
- ☐ b. Was chosen as conservator by the will of a deceased parent of the minor.
- ☐ c. Has had care and custody of the minor for the _____ months before this Petition is filed and ☐ is or ☐ is not related by blood to the minor.
- ☐ d. Was chosen by someone caring for or paying benefits for the minor.
- ☐ e. Other: _____

Guardian and/or Conservator 2 should be appointed because he/she:

- ☐ a. Was nominated by Ward ☐ 1 ☐ 2 ☐ 3, who is over 13 and has signed this Petition.
- ☐ b. Was chosen as conservator by the will of a deceased parent of the minor.
- ☐ c. Has had care and custody of the minor for the _____ months before this Petition is filed and ☐ is or ☐ is not related by blood to the minor.
- ☐ d. Was chosen by someone caring for or paying benefits for the minor.
- ☐ e. Other: _____

(10) I am interested in the minor's welfare because:**THE MINOR'S PARENTS:****(11) The Minor's Living Parents:**

Name	Street Address	City, State, Zip Code	Mother/ Father	Of Minor		
				1	2	3
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(12) The Minor's Deceased Parents:

Name	Date of Death	Death Certificate		Will Attached	Mother/ Father	Of Minor		
		Attached				1	2	3
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why death certificates are not attached and how long it will take to get them:

Why wills are not attached and how long it will take to get them:

(13) Parental rights of custody have been terminated or suspended by:

	Minor 1		Minor 2		Minor 3	
	Mother	Father	Mother	Father	Mother	Father
Written consent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior court order:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent's death:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent's incarceration:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent's abandonment of the minor for at least the last six months:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent's disappearance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (explain):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PEOPLE ENTITLED TO NOTICE:

(14) For Guardianship and/or Conservatorship:

	WARD 1	WARD 2	WARD 3
THE WARD OVER 13			
NAME:			
Street Address:			
City, State, Zip:			
THE WARD'S MOTHER			
NAME:			
Street Address:			
City, State, Zip:			
THEIR FATHER			
NAME:			
Street Address:			
City, State, Zip:			
PEOPLE HAVING CARE OR CUSTODY OF THEM			
NAME:			
Street Address:			
City, State, Zip:			
NAME:			
Street Address:			
City, State, Zip:			

(15) For Conservatorship with or without Guardianship:

THE WARD'S CLOSEST ADULT RELATIVE	WARD 1	WARD 2	WARD 3
NAME:			
Street Address:			
City, State, Zip:			
PEOPLE WHO FILED A DEMAND FOR NOTICE			
NAME:			
Street Address:			
City, State, Zip:			

REQUESTED ORDERS:

1. Appoint Petitioner guardian and/or conservator of the minor.
2. Make any other orders in the minor's best interest.

(17) WARD'S NOMINATION:

I, Ward ☐ 1 ☐ 2 ☐ 3, am over 13, and I nominate Guardian and/or Conservator ☐ 1 ☐ 2.

Ward's Signature: _____

State of Arizona)

)

County of _____)

Subscribed and sworn before me this date: _____ by: _____

Seal:

Notary Public: _____

Notary Expiration Date: _____

(18) OATH AND VERIFICATION:

I have read this Petition, and it is true and complete to the best of my knowledge.

Petitioner's Signature: _____

State of Arizona)

)

County of _____)

Subscribed and sworn before me this date: _____ by: _____

Seal:

Notary Public: _____

Notary Expiration Date: _____

I have read this Petition, and it is true and complete to the best of my knowledge.

Petitioner's Signature: _____

State of Arizona)

)

County of _____)

Subscribed and sworn before me this date: _____ by: _____

Seal:

Notary Public: _____

Notary Expiration Date: _____